
LETTERS TO THE EDITOR

Health Care for Blacks in the United States

To the Editor:

Currently, the demand and availability of medical care for black citizens in the US constitutes a serious racio-socioeconomic problem. Infant, maternal, cancer, and stroke deaths and deaths and complications from hypertension, diabetes mellitus, chronic alcoholism, AIDS, and drug abuse are increasing at alarming rates in comparison with whites.

Although blacks in the US constitute approximately 12% of the population, homicides and suicides are steadily increasing in black communities. The reasons for these fatalities in black communities are directly related to the concept of self-hatred, alcoholism, illicit drug traffic, joblessness, poverty, poor housing, and subnormal educational standards.

Cancers of the esophagus, lung, prostate, colon, and rectum are increasing at alarming comparative rates. Blacks are not seeking preventive medical and dental care in proportion to their needs, which is probably related to education, income, and availability of quality health care.

The dualistic health care system in the US is a two-tier concept, with good health care geared to those who have and inaccessibility for those who have not. I propose the following solutions to this serious problem for blacks in our free society.

1. Creation and institution of preventive concepts of medical and dental health problems in children, adults, and the elderly. These sustained and continuous measures

should begin with pregnant women and extend into their children's elementary and high schools. In low income areas, particularly, good health concepts should be part of the compulsory education for all school children. Courses should address adequate rest and exercise; good nutrition; correct dental care; high fiber/low fat diets; avoidance of drinking alcohol, smoking, and chewing tobacco; maintenance of family medical histories; good bowel functions; and accident prevention. In addition, alcohol and smoking advertisements should be abolished in black communities.

2. Adequate public and private housing facilities and law enforcement personnel must be provided in black and other minority groups.

3. Adult education and child care facilities should be made available in these critical communities.

Health has been a low priority in the aforementioned communities, falling behind security, housing, employment, education, drug abuse, and food. We must re-emphasize the critical importance of available and adequate health care. Health care should be geared toward prevention as well as diagnosis, treatment, and follow-up. We live in a heterogeneous society, with different colors, circumstances, religious backgrounds, customs, and ideals; however, every American citizen should have the right of and accessibility to high-quality health care.

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The Shame of Miami

To the Editor:

The riots that occurred in the Overtown and Liberty City communities of Miami, Florida, made me sad and ashamed to be a black American. Unfortunately, my position as the only black medical examiner in Dade County, Florida, has afforded me more than ample opportunity to witness the impoverishment of the black community here.

Shortly after arriving in Miami in late June 1988, I became acutely aware of the shortage of black personnel in the medical, legal, educational, and law enforcement fields. This was a shock to me after living in the more secure black environment of Washington, DC, and the Howard University medical community.

Orientation for my job involved learning about the community that I would be called to most frequently for crime scene investigation. I was introduced to a term, "Liberty City Natural," by my colleagues. This phrase was coined as a euphemism for the large number of homicides occurring in the Liberty City neighborhoods. Despite the origin of the phrase, I took personal offense to the use of that terminology.

Both Liberty City and Overtown reflect the past of most large inner cities that have been burnt out by previous riots. But Miami's riots occur again and again. According to a Dade County fact book, 80% of all blacks in the county live in one of these two communities (*Dade County Facts*, Research Division, Metro-
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ZANTAC® 150 Tablets
(ranitidine hydrochloride)
ZANTAC® 300 Tablets
(ranitidine hydrochloride)

BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in ZANTAC® product labeling.

INDICATIONS AND USAGE: ZANTAC® is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: ZANTAC® is contraindicated for patients known to have hypersensitivity to the drug.
PRECAUTIONS: **General:** 1. Symptomatic response to ZANTAC® therapy does not preclude the presence of gastric malignancy.

2. Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during ZANTAC therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although ZANTAC has been reported to bind weakly to cytochrome P-450 in vitro, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions that suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/day.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella*, *Escherichia coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to ZANTAC. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: ZANTAC is secreted in human milk. Caution should be exercised when ZANTAC is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with ZANTAC®. The relationship to ZANTAC therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to ZANTAC administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

Cardiovascular: Rare reports of tachycardia, bradycardia, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid IV for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice.

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Reversible blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. Rare cases of agranulocytosis or of pancytopenia, sometimes with marrow hypoplasia, have been reported.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by ZANTAC and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when ZANTAC has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

Integumentary: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg twice daily. An alternate dosage of 300 mg once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome): The current recommended adult oral dosage is 150 mg twice a day. In some patients it may be necessary to administer ZANTAC® 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/day have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg twice a day.

GERD: The current recommended adult oral dosage is 150 mg twice a day.

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with ZANTAC, the recommended dosage in patients with a creatinine clearance less than 50 mL/min is 150 mg every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: ZANTAC® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 tablets (NDC 0173-0393-40) and unit dose packs of 100 tablets (NDC 0173-0393-47).

ZANTAC® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NDC 0173-0344-42) and unit dose packs of 100 tablets (NDC 0173-0344-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Replace cap securely after each opening.

Glaxo

Glaxo Inc.
Research Triangle Park, NC 27709

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Dade County Planning Department, 1987). Overtown housing would be condemned by any public health department. The buildings are burnt out, many are without electricity and running water. Few stores available to the public, and social services are practically nonexistent. Most of our calls to Overtown involve the complications of poor hygiene and malnourishment.

Liberty City, in contrast to its name, entraps its hard-working citizens who cannot afford homes in other areas of Miami. Unfortunately, most of my calls in Liberty City involve young blacks who die from homicides or drug overdose.

In fact, the black population, although making up only 20% of the total county population, is overrepresented in homicides and drug-related deaths in Dade County by a figure that approaches 45% for the year ending 1988.

In my opinion, the situation exists because of the extreme high poverty level among Miami blacks. The majority of Dade County blacks have no means of achieving the "American Dream." The black people here are underrepresented in every facet of the city and county government, including health and human services. Young blacks see crime and drug involvement as an easy way of escaping their bleak environments. After all, you can make more money being a "look out" or a "runner" for a drug dealer than you can working at fast-food restaurants.

In the business sector of Liberty City, burglar bars can be found on the barely surviving businesses and one to two liquor stores can be seen on nearly every block. Multiple discussions with inner city black youths have revealed to me the shockingly young age at which they begin to smoke, drink alcohol, use drugs, and acquire criminal records.

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Catapres-TTS[®]

(clonidine)/TRANSDERMAL
THERAPEUTIC SYSTEM

Programmed delivery *in vivo* of 0.1, 0.2 or 0.3 mg clonidine per day, for one week.

Brief Summary of Prescribing Information

CONTRAINDICATIONS Catapres-TTS[®] (clonidine) should not be used in patients with known hypersensitivity to clonidine or to any other component of the adhesive layer of the therapeutic system.

PRECAUTIONS *General:* In patients who have developed localized contact sensitization to Catapres-TTS[®] (clonidine), substitution of oral clonidine hydrochloride therapy may be associated with development of a generalized skin rash.

In patients who develop an allergic reaction to Catapres-TTS[®] that extends beyond the local patch site (such as generalized skin rash, urticaria, or angioedema) oral clonidine hydrochloride substitution may elicit a similar reaction.

As with all antihypertensive therapy, Catapres-TTS[®] should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease, or chronic renal failure.

Transdermal clonidine systems should be removed before attempting defibrillation or cardioversion because of the potential for altered electrical conductivity that may enhance the possibility of arcing, a phenomenon associated with the use of defibrillators.

Withdrawal: Patients should be instructed not to discontinue therapy without consulting their physician. Sudden cessation of clonidine treatment has resulted in subjective symptoms such as nervousness, agitation and headache, accompanied or followed by a rapid rise in blood pressure and elevated catecholamine concentrations in the plasma, but such occurrences have usually been associated with previous administration of high oral doses (exceeding 1.2 mg/day) and/or with continuation of concomitant beta-blocker therapy. Rare instances of hypertensive encephalopathy and death have been reported.

An excessive rise in blood pressure following Catapres-TTS[®] discontinuance can be reversed by administration of oral clonidine or by intravenous phentolamine. If therapy is to be discontinued in patients receiving beta-blockers and clonidine concurrently, beta-blockers should be discontinued several days before cessation of Catapres-TTS[®] administration.

Perioperative Use: As with oral clonidine therapy, Catapres-TTS[®] therapy should not be interrupted during the surgical period. Blood pressure should be carefully monitored during surgery and additional measures to control blood pressure should be available if required. Physicians considering starting Catapres-TTS[®] therapy during the perioperative period must be aware that therapeutic plasma clonidine levels are not achieved until 2 to 3 days after initial application of Catapres-TTS[®].

Information for Patients: Patients who engage in potentially hazardous activities, such as operating machinery or driving, should be advised of a potential sedative effect of clonidine. Patients should be cautioned against interruption of Catapres-TTS[®] therapy without a physician's advice. Patients should be advised that if the system begins to loosen from the skin after application, the adhesive overlay should be applied directly over the system to ensure good adhesion over its 7-day lifetime. Instructions for using the system are provided. Patients who develop moderate or severe erythema and/or localized vesicle formation at the site of application, or a generalized skin rash, should consult their physician promptly about the possible need to remove the patch.

Drug Interactions: If a patient receiving clonidine is also taking tricyclic antidepressants, the effect of clonidine may be reduced, thus necessitating an increase in dosage. Clonidine may enhance the CNS-depressive effects of alcohol, barbiturates or other sedatives. Amitriptyline in combination with clonidine enhances the manifestation of corneal lesions in rats.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 132-week (fixed concentration) dietary administration study in rats, Catapres[®] (clonidine HCl) administered at 32 to 46 times the oral maximum recommended daily human dose (MRDHD) was unassociated with evidence of carcinogenic potential. Results from the Ames test with clonidine hydrochloride revealed no evidence of mutagenesis. Fertility of male or female rats was unaffected by clonidine doses as high as 150 mcg/kg or about 3 times the oral MRDHD. Fertility of female rats did, however, appear to be affected (in another experiment) at the dose levels of 500 to 2000 mcg/kg or 10 to 40 times the oral MRDHD.

Pregnancy/Teratogenic Effects **PREGNANCY CATEGORY C:** Reproduction studies performed in rabbits at doses up to approximately 3 times the oral maximum recommended daily human dose (MRDHD) of Catapres[®] (clonidine HCl) have revealed no evidence of teratogenic or embryotoxic potential in rabbits. In rats, however, doses as low as 1/3 the oral MRDHD of clonidine were associated with increased resorptions in a study in which dams were treated continuously from 2 months prior to mating. Increased resorptions were not associated with treatment at the same or at higher dose levels (up to 3 times the oral MRDHD) when dams were treated days 6-15 of gestation. Increased resorptions were observed at much higher levels (40 times the oral MRDHD) in rats and mice treated days 1-14 of gestation (lowest dose employed in the study was 500 mcg/kg). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: As clonidine is excreted in human milk, caution should be exercised when Catapres-TTS[®] (clonidine) is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of twelve have not been established.

ADVERSE REACTIONS Most systemic adverse effects during therapy with Catapres-TTS[®] (clonidine) have been mild and have tended to diminish with continued therapy. In a 3-month, multicenter trial of Catapres-TTS[®] in 101 hypertensive patients, the most frequent systemic reactions were dry mouth (25 patients) and drowsiness (12 patients).

Transient localized skin reactions, primarily localized pruritus, occurred in 51 patients. Twenty-six patients experienced localized erythema. This erythema and pruritus were more common in patients utilizing an adhesive overlay for the entire 7-day treatment period. Allergic contact sensitization to Catapres-TTS[®] was observed in 5 patients.

In additional clinical experience, contact dermatitis resulting in treatment discontinuation was observed in 128 of 673 patients (about 19 in 100) after a mean duration of treatment of 37 weeks. The incidence in white females was about 34 in 100; in white males about 18 in 100; in black females about 14 in 100; and in black males about 8 in 100.

The following less frequent adverse experiences were also reported in patients involved in this multicenter trial with Catapres-TTS[®]:

Gastrointestinal: Constipation (1 patient); nausea (1); and change in taste (1).

Central Nervous System: Fatigue (6 patients); headache (5); lethargy (3); sedation (3); insomnia (2); dizziness (2); and nervousness (1).

Genitourinary: Impotence/sexual dysfunction (2 patients).

Dermatological: Localized vesiculation (7 patients); hyperpigmentation (5); edema (3); excoriation (3); burning (3); papules (1); throbbing (1); blanching (1); and generalized macular rash (1).

In additional clinical experience involving 3539 patients, less common dermatologic reactions have occurred, where a causal relationship to Catapres-TTS[®] was not established: maculopapular skin rash (10 cases); urticaria (2 cases); angioedema involving the face (2 cases), one of which also involved the tongue.

Oro-tolaryngeal: Dry throat (2 patients).

In long experience with oral Catapres[®], the most common adverse reactions have been dry mouth (about 40%), drowsiness (about 35%) and sedation (about 8%). In addition, the following adverse reactions have been reported less frequently:

Gastrointestinal: Nausea and vomiting, about 5 in 100 patients; anorexia and malaise, each about 1 in 100; mild transient abnormalities in liver function tests, about 1 in 100; rare reports of hepatitis; parotitis, rarely.

Metabolic: Weight gain, about 1 in 100 patients; gynecomastia, about 1 in 1000; transient elevation of blood glucose or serum creatine phosphokinase, rarely.

Central Nervous System: Nervousness and agitation, about 3 in 100 patients; mental depression, about 1 in 100 and insomnia, about 5 in 1000. Vivid dreams or nightmares, other behavioral changes, restlessness, anxiety, visual and auditory hallucinations and delirium have been reported.

Cardiovascular: Orthostatic symptoms, about 3 in 100 patients; palpitations and tachycardia, and bradycardia, each about 5 in 1000. Raynaud's phenomenon, congestive heart failure, and electrocardiographic abnormalities (i.e. conduction disturbances and arrhythmias) have been reported rarely. Rare cases of sinus bradycardia and atrioventricular block have been reported, both with and without the use of concomitant digitalis.

Dermatological: Rash, about 1 in 100 patients; pruritus, about 7 in 1000; hives, angioneurotic edema and urticaria, about 5 in 1000; alopecia, about 2 in 1000.

Genitourinary: Decreased sexual activity, impotence and loss of libido, about 3 in 100 patients; nocturia, about 1 in 100; difficulty in micturition, about 2 in 1000; urinary retention, about 1 in 1000.

Other: Weakness, about 10 in 100 patients; fatigue, about 4 in 100; headache, and discontinuation syndrome, each about 1 in 100; muscle or joint pain, about 6 in 1000 and cramps of the lower limbs, about 3 in 1000. Dryness, burning of the eyes, blurred vision, dryness of the nasal mucosa, pallor, weakly positive Coombs' test, increased sensitivity to alcohol and fever have been reported.

HOW SUPPLIED Catapres-TTS[®]-1 (clonidine) and Catapres-TTS[®]-2 are supplied as 4 pouched systems and 4 adhesive overlays per carton. 3 cartons per shipper (NDC 0597-0031-12 and 0597-0032-12, respectively). Catapres-TTS[®]-3 is supplied as 4 pouched systems and 4 adhesive overlays per carton (NDC 0597-0033-34).

	Programmed Delivery Clonidine <i>in vivo</i> per Day Over 1 Week	Clonidine Content	Size	Code
Catapres-TTS [®] -1	0.1 mg	2.5 mg	3.5 cm ²	BI-31
Catapres-TTS [®] -2	0.2 mg	5.0 mg	7.0 cm ²	BI-32
Catapres-TTS [®] -3	0.3 mg	7.5 mg	10.5 cm ²	BI-33

Consult package insert before prescribing.

CT-BPI-7/88

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I was not surprised by the reaction of the Overtown community to the police shooting that took place on Martin Luther King's birthday. What made me sad and ashamed was that the riots took place in the very community that had been previously ravaged by violence and poverty. I was on call that dreadful evening and witnessed first hand the burning and looting of property in Overtown and later in Liberty City. The few stores and businesses that serve these areas (many are owned by blacks) were publicly looted and destroyed. Even worse, many of the people participating in these crimes were mature adults instructing their children on what to remove from the stores.

What was gained from these disturbances? A sense of shame in the minds of the majority of hardworking, black Dade County citizens and an even greater sense of hopelessness and despair in the Liberty City and Overtown communities.

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